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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Tillis, Thom, R., Sen.,		h a alc if = -1-1	aa abaaa		0.000-11-1-1	20 FEO 1-1:	Alfination h	ممانا	
	(b) Address (number and street) PO Box 97396		heck if addre	ss cnanged		2. Candidate S4NC00		tification i	number	
	(c) City, State, and ZIP Code					3. Is This	Ne			Amended
	Raleigh		NC	2762		Statemer	( )	OR	Ш	(A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidat	ie			
	REPUBLICAN PARTY	Senate			NC					
	DE	SIGNATIO	N OF PR	INCIPAL	. CAMPAIGN	N COMMIT	TEE			
7.	I hereby designate the following nar	med political co	mmittee as n	ny Principal	Campaign Comm	_	2020 ear of elect		ion(s).	
	NOTE: This designation should be f	filed with the ap	propriate offi	ce listed in	he instructions.					
	(a) Name of Committee (in full)									
	Thom Tillis Committ	iee								
	(b) Address (number and street) PO Box 97396									
	(c) City, State, and ZIP Code									
	Raleigh				NC	27624				
	Kaleigii				110	21024				
	DE				THORIZED ( ng Representative		EES			
•						•				16. 6
8.	I hereby authorize the following name candidacy.	nea committee,	which is NO	i my princip	oai campaign com	nmittee, to rece	eive and exp	ena tunas	s on ber	alf of my
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign commit	tee.					
	(a) Name of Committee (in full)									
	Tillis Majority Comm	nittee								
	(b) Address (number and street) PO Box 97275									
	PO BOX 97275									
	(c) City, State, and ZIP Code									
	Raleigh				NC	27624				
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge ar	nd belief it is tr	ue, correct a	and comp	lete.	
Si	gnature of Candidate					Date				•
Ti	Illis, Thom, R., Sen.,			[Elec	tronically Filed]	02/20/2020	)			
NIC	IOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
NC	OTE: Submission of false, erroneous,	, or incomplete	information n	nay subject	the person signin	ng this Stateme	nt to penalti	es of 2 U.	S.C. §4	37g.
NC	OTE: Submission of false, erroneous,	, or incomplete	information n	nay subject	the person signin	ng this Stateme	nt to penalti	es of 2 U.	S.C. §4	37g.
NC	OTE: Submission of false, erroneous,	, or incomplete	information n	nay subject	the person signin	ng this Stateme	nt to penalti	es of 2 U.	S.C. §4	37g.

FEC FORM 2 (REV. 02/2009)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Dogo	<sup>2</sup> of	6	
Page	- or	•	

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.				
	(a) Name of Committee (in full)				
	Tillis-NRSC Committee				
	(b) Address (number and street) 228 S Washington St				
	(c) City, State, and ZIP Code				
	Alexandria	VA	22314		
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. <b>NOTE</b> : This designation should be filed with the principal campa				
	(a) Name of Committee (in full)  2018 TILLIS SENATE CANDIDATE FUND				
	(b) Address (number and street) 824 S MILLEDGE AVE STE 101				
	(c) City, State, and ZIP Code				
	Athens	GA	30605		
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full)  CHAIRMAN'S VICTORY FUND				
	(b) Address (number and street) 228 S WASHINGTON ST STE 115				
	(c) City, State, and ZIP Code				
	Alexandria	VA	22314		
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa  (a) Name of Committee (in full)  DEFEND THE SENATE  (b) Address (number and street) 228 S WASHINGTON STREET SUITE 115				
	(c) City, State, and ZIP Code				
	ALEXANDRIA	VA	22314		
		VA	LLUIT		

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>3</sup> of	6

3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	SENATE FIREWALL 2020							
	(b) Address (number and street) 901 N WASHINGTON STSUITE 700							
	(c) City, State, and ZIP Code							
	ALEXANDRIA	VA	22314					
3.	I hereby authorize the following named committee, which is candidacy. <b>NOTE</b> : This designation should be filed with the			ehalf of my				
	(a) Name of Committee (in full)							
	SENATE VICTORY 2020							
	(b) Address (number and street) 228 S. WASHINGTON ST.STE. 115							
	(c) City, State, and ZIP Code							
	ALEXANDRIA	VA	22314					
3.	I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full)  TILLIS VICTORY			ehalf of my				
	(b) Address (number and street) PO BOX 9891							
	(c) City, State, and ZIP Code							
	ARLINGTON	VA	22219					
3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf o candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)								
		$\sim$ N $_{\perp}$						
	AMERICANS UNITED FOR FREED	OOM						
		OOM						
	AMERICANS UNITED FOR FREED  (b) Address (number and street)	OOM						

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>4</sup> of	6
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8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	Tillis Daines Majority Committee					
	(b) Address (number and street) PO Box 97275					
	(c) City, State, and ZIP Code					
	Raleigh	NC	27624			
8	I hereby authorize the following named committee, which is NOT my pr	incinal campaig	un committee to receive and expend funds on behalf of	f my		
Ο.	candidacy. <b>NOTE</b> : This designation should be filed with the principal ca			ı ıııy		
	(a) Name of Committee (in full)					
	2019 SENATORS CLASSIC COMMITTEE					
	(b) Address (number and street) 228 S. WASHINGTON STREET					
	SUITE 115					
	(c) City, State, and ZIP Code					
	ALEXANDRIA	VA	22314			
8.	I hereby authorize the following named committee, which is NOT my pr candidacy. <b>NOTE</b> : This designation should be filed with the principal ca			f my		
	(a) Name of Committee (in full)					
	TILLIS AND COLLEAGUES VICTORY COM	MITTEE				
	(b) Address (number and street) 228 S. WASHINGTON ST					
	STE. 115					
	(c) City, State, and ZIP Code					
	ALEXANDRIA	VA	22314			
_				,		
8.	I hereby authorize the following named committee, which is NOT my pr candidacy. <b>NOTE</b> : This designation should be filed with the principal ca			t my		
	(a) Name of Committee (in full)					
	GARDNER TILLIS VICTORY					
	(b) Address (number and street) 228 S. WASHINGTON ST					
	STE. 115					
	(c) City, State, and ZIP Code					
	ALEXANDRIA	VA	22314			

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	$^5$ of $^6$	
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8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	Perdue-Tillis Victory Fund					
	(b) Address (number and street) PO Box 60148					
	(c) City, State, and ZIP Code					
	Washington	DC	20039			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal camp					
	(a) Name of Committee (in full) WHITEFISH VICTORY					
	(b) Address (number and street) 228 S. WASHINGTON ST. STE. 115					
	(c) City, State, and ZIP Code					
	Alexandria	VA	22314			
8.	I hereby authorize the following named committee, which is NOT my principle candidacy. NOTE: This designation should be filed with the principal campoon (a) Name of Committee (in full)  SULLIVAN TILLIS MAJORITY COMMITTEE					
	(b) Address (number and street) PO BOX 97275					
	(c) City, State, and ZIP Code					
	RALEIGH	NC	27624			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal camp	· · · · · · · · · · · · · · · · · · ·				
	(a) Name of Committee (in full) KEEP THE SENATE RED					
	(b) Address (number and street) PO BOX 76024					
	(c) City, State, and ZIP Code					
	WASHINGTON	DC	20002			

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>6</sup> of	6	
i aye	O.		

	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)  TILLIS-ERNST VICTORY FUND						
	(b) Address (number and street) PO BOX 97275						
	(c) City, State, and ZIP Code						
	RALEIGH NC 27624						
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)	•					
	(b) Address (number and street)	-					
	(c) City, State, and ZIP Code	-					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)	-					
	(b) Address (number and street)	-					
	(c) City, State, and ZIP Code	-					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)	•					
	(b) Address (number and street)	-					
	(c) City, State, and ZIP Code	-					